



Master Application

One-Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone: (406) 444-6900
FAX: (406) 444-0722

MONTANA
Form MA
Rev. 5-06

Company or Owner Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____

Business Location Address (cannot be a post office box) _____ City _____ State _____ ZIP + 4 _____

County _____ Business Phone _____ Fax Number _____

Business Mailing Address (if different from location address) _____ City _____ State _____ ZIP + 4 _____

All coordinating applications/affidavits must be completed and attached for processing

License Fees

<input type="checkbox"/> Food Purveyor (pages 4-6) Endorsements: (Check all that apply) <input type="checkbox"/> 01. <input type="checkbox"/> 02. <input type="checkbox"/> 03. <input type="checkbox"/> 04. <input type="checkbox"/> 06. <input type="checkbox"/> 07. <input type="checkbox"/> 08. <input type="checkbox"/> 09. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. \$ _____	<input type="checkbox"/> Large <input type="checkbox"/> Small	<input type="checkbox"/> Meters - Petroleum Dealers (page 14) PA _____ x \$21.00 = _____ PB _____ x \$70.00 = _____ PC _____ x \$83.00 = _____ PD _____ x \$102.00 = _____																					
<input type="checkbox"/> Tobacco Products (page 7) <input type="checkbox"/> Retailer <input type="checkbox"/> Vendor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Subjobber \$ _____		<input type="checkbox"/> Scales - Weighing Devices (page 14) S1 or SA _____ x \$12.00 = _____ S2 or SB _____ x \$20.00 = _____ S3 or SC _____ x \$40.00 = _____ S4 or SD _____ x \$100.00 = _____ S5 or SE _____ x \$175.00 = _____																					
<input type="checkbox"/> Off-Premises Beer/Wine License (pages 8-11) <input type="checkbox"/> Process Fee: Off-Premises - \$100.00 \$ _____ <input type="checkbox"/> Off-Premises Beer - \$200.00 (if new) <input type="checkbox"/> Off-Premises Wine - \$200.00 (if new) <input type="checkbox"/> Off-Premises Beer/Wine - \$400.00 (if new) \$ _____		Total Amount Enclosed \$ _____																					
<input type="checkbox"/> Nursery License (page 12) <input type="checkbox"/> Exempt \$0 <input type="checkbox"/> >= \$1,000 and < \$3,000 <input type="checkbox"/> >= \$3,000 \$ _____		Check or Money Order # _____																					
<input type="checkbox"/> Underground Storage Tanks (page 13) <= 1100 gallons \$36 x _____ = _____ > 1100 gallons \$108 x _____ = _____ \$ _____		Credit Card Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card # <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Expiration Date _____ Name on Card _____																					

Please Do Not Send Cash

The applicant is a: (check one and complete where appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Association (attach names and addresses) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership (attach names and addresses) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership (attach names and addresses) |

Assumed Business Name/DBA/Trade Name, Etc.: _____

Description of business transacted under the assumed business name: _____

Date applicant first used the assumed business name (Mo\Day\Yr): _____

E-mail address (optional): _____

Signature (of sole proprietor, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I(we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I(we) am(are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me(us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corporation, corporate officer must sign)	Title	Date
_____	_____	_____
_____	_____	_____

Names and home addresses of all owners on the application are required. For corporations, the names and home addresses of the corporation's principal executive officers (president, vice-president, secretary and treasurer) and members of the board of directors are required. (Attach additional sheet if necessary.)

Name	Home Address	Title
_____	_____	_____
_____	_____	_____



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License	Type of License	Fees	Inspection Required
Food Purveyor	Establishments with 2 or fewer employees working at any one time	\$60.00	Yes
	Establishments with more than 2 employees working at any one time	\$90.00	Yes
Tobacco Products	Retailer	\$5.00	No
	Vendor	\$50.00	No
	Wholesaler	\$50.00	No
	Subjobber	\$50.00	No
Off-Premises Beer/Wine License	Process Fee	\$100.00	Yes
	Beer	\$200.00	Yes
	Wine	\$200.00	Yes
	Beer/Wine	\$400.00	Yes
Nursery License	Gross annual sales < \$1,000	\$0.00	Yes
	Gross annual sales >= \$1,000 and < \$3,000	\$30.00	Yes
	Gross annual sales >= \$3,000	\$95.00	Yes
	Nurseries with gross annual sales =< \$3,000 must submit an Affidavit for Nursery License Exemption		
Underground Storage Tanks	Tanks <=1,100 gals	\$36.00	Not for registration, but once every three years for operating permit.
	Tanks > 1,100 gals	\$108.00	
Meters - Petroleum Dealers	PA - Max Delivery <= 20 gal/min	\$21.00	Yes
	PB - Max Delivery > 20 gal/min and <= 130 gal/min	\$70.00	Yes
	PC - Max Delivery > 130 gal/min	\$83.00	Yes
	PD - LPG (Propane) Meters	\$102.00	Yes
Scales - Weighing Devices	S1 or SA - 0 thru 499 lbs	\$12.00	Yes
	S2 or SB - 500 thru 1,999 lbs	\$20.00	Yes
	S3 or SC - 2,000 thru 7,999 lbs	\$40.00	Yes
	S4 or SD - 8,000.thru 60,000 lbs	\$100.00	Yes
	S5 or SE - 60,001 lbs & over	\$175.00	Yes